

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 69/689,632		FILING DATE 09-11-00				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8	1						58						
9	1						59						
10	1						60						
11		6					61						
12		6					62						
13		6					63						
14		6					64						
15		6					65						
16		6					66						
17		6					67						
18		6					68						
19		6					69						
20		6					70						
21		6					71						
22		6					72						
23		6					73						
24		6					74						
25		6					75						
26		1					76						
27		1					77						
28		1					78						
29		10					79						
30		10					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	112						TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						